

# INDIRA GANDHI DENTAL COLLEGE, JAMMU

## INTERNSHIP COMPLETION FORM

1. Name

\_\_\_\_\_

2. Fathers Name

\_\_\_\_\_

3. Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affix  
Photograph

4. Date of Admission (BDS) (DD-MM-YY)

\_\_\_\_\_

5. Date of Passing Final Year (BDS) (DD-MM-YY)

\_\_\_\_\_

6. University Roll No (Final Prof BDS)

\_\_\_\_\_

7. University Registration No.

\_\_\_\_\_

8. Office Order No.

\_\_\_\_\_

*Signature of Candidate*

### Details of Rotary Internship Period:-

| S.No | Department  | Period |    | Casual<br>Leaves | Any<br>other<br>Leaves | Grading<br>from 1 to<br>10. * | Signature of HoD |
|------|---|--------|----|------------------|------------------------|-------------------------------|------------------|
|      |   | From   | To |                  |                        |                               |                  |
| 1    | Conservative<br>Dentistry<br>including<br>Endodontics |        |    |                  |                        |                               |                  |

|   |                              |  |  |  |  |  |  |
|---|------------------------------|--|--|--|--|--|--|
| 2 | Oral Surgery                 |  |  |  |  |  |  |
| 3 | Periodontics                 |  |  |  |  |  |  |
| 4 | Prosthodontics               |  |  |  |  |  |  |
| 5 | Orthodontics                 |  |  |  |  |  |  |
| 6 | Oral Medicine<br>& Radiology |  |  |  |  |  |  |

|    |                                       |  |  |  |  |  |  |
|----|---------------------------------------|--|--|--|--|--|--|
| 7  | Community Dentistry                   |  |  |  |  |  |  |
| 8  | Oral Pathology including Microbiology |  |  |  |  |  |  |
| 9  | Pedodontics                           |  |  |  |  |  |  |
| 10 | Elective                              |  |  |  |  |  |  |
| 11 | Emergency Section                     |  |  |  |  |  |  |



|    |                      |  |  |  |  |  |  |
|----|----------------------|--|--|--|--|--|--|
| 12 | Hostel<br>Boys/Girls |  |  |  |  |  |  |
| 13 | Central<br>Library   |  |  |  |  |  |  |
| 14 | Accounts<br>Section  |  |  |  |  |  |  |

**Note:-**

1. All interns are advised to get Internship Completion form signed at the time of completion of department/ speciality posting before joining to next department. They will report to next department within 24 hours including Sundays and Holidays
2. The Internship completion certificate will be issued after receiving the assessment from all concerned the HOD's.

**\* Grading pattern will be as per the para mention below: -**

|     |              |                      |
|-----|--------------|----------------------|
| 01. | Excellent    | 09 & 10              |
| 02  | Very Good    | 07 & 08              |
| 03. | Good         | 05 & 06              |
| 04. | Satisfactory | Below than 05 (Five) |